

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)
)
Guthrie et al.) Group Art Unit: 2627
)
Application No.: 10/816,062) Examiner: RENNER, Craig A.
)
Filed: 03/31/2004) Attorney Docket No.
) HIT1P073/HSJ920040004US1
For: MAGNETIC WRITE HEAD WITH)
GAP TERMINATION LESS THAN)
HALF DISTANCE BETWEEN) Date: April 3, 2007
PEDESTAL AND BACK GAP)

Issue Fee Payment Transmittal

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following items:

- 1) Part B- Issue Fee Transmittal
- 2) Fee Address Indication Form

Respectfully submitted,
Zilka-Kotab, PC

/Ronald B. Feece/

Ronald B. Feece
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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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28875 7590 01/05/2007

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|------------------|--------------------|
| April Skovmand | (Depositor's name) |
| /April Skovmand/ | (Signature) |
| April 3, 2007 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|--------------------------|------------------|
| 10/816,062 | 03/31/2004 | Hung-Chin Guthrie | HIT1P073/HSJ920040004US1 | 8877 |

TITLE OF INVENTION: MAGNETIC WRITE HEAD WITH GAP TERMINATION LESS THAN HALF DISTANCE BETWEEN PEDESTAL AND BACK GAP

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 04/05/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| RENNER, CRAIG A | 2627 | 360-126000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Zilka-Kotab, PC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hitachi Global Storage Technologies Netherlands B.V.

Amsterdam, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2587 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

Order No. HSJ920040004US1

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Ronald B. Feece/

Date April 3, 2007

Typed or printed name Ronald B. Feece

Registration No. 46,327

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